UIA 1538 (12-2003)

State of Michigan Department of Labor & Economic Growth Unemployment Insurance Agency

Authorized by MCL 421.1, et seq.



What You Need To File An Unemployment Claim

If you have become unemployed or have had your hours of work reduced you may file a claim for unemployment benefits. You may file your claim by telephone using the toll-free telephone number 1-866-500-0017, or file over the Internet by accessing the website www.michigan.gov/uia. Completing the information on this sheet first will save you time when you file your claim for unemployment benefits.

DO NOT SEND THIS FORM TO AGENCY. KEEP IT FOR YOUR RECORDS.

PERSONAL INFORMATION	
Social Security Number:	
Driver license number or state ID number:	
Mailing address (where you want your checks and other correspondence sent):	
Telephone number (If you do not have a phone, give a number where a message can be left in case the Bureau needs to contact you):	
If you are not a citizen or national of the United States, give your Alien Registration Number and the expiration date shown on your alien ID or documents:	
You will need the names and payroll addresses for all the employers you have worked for in the 18 months prior to filing your claim. You will also need the date you started work and ended work with each of these employers. If any of the employers provided you with Form UIA 1711, Unemployment Compensation Notice to Employee, have the form(s) available. You may be asked to provide the Unemployment Insurance Agency with some of the information contained on the Form. It would also be helpful to have available any W-2 forms you have received from employers you have worked for in the past 18 months, as the form contains the employer's Federal Employer Identification Number, (FEIN).	
EMPLOYMENT INFORMATION	
Your Most Recent Employer (Separating Employer):	
Street Address (use the payroll address if known):	
City, State and Zip Code	
Dates of employment and earnings (report your gross earnings for your most recent period of continuous employment with this employer):	Beginning Date: Ending Date: Earnings:

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List all other employers you have worked for in the past 18 months giving the payroll address if known (use additional paper if necessary):

EMPLOYER #1	
Name:	
Payroll Address:	
City, State and Zip Code:	
Dates of Employment:	Beginning Date: Ending Date:
EMPLOYER #2	
Name:	
Payroll Address:	
City, State and Zip Code:	
Dates of Employment:	Beginning Date: Ending Date:
DATES	

When entering dates, either on the web or the telephone, you must enter two digits for the month, two digits for the day, and four digits for the year. Example: April 3, 2003 should be entered as 04/03/2003 on the web or 04032003 on the phone.

WAGES

Your benefit entitlement will be based on gross wages paid in the first four of the last five completed calendar quarters immediately preceding the Sunday of the week in which you file your claim. If there are insufficient wages in those quarters, the wages in the last four completed quarters will be used. For example, if you filed for benefits on Wednesday, November 12th, 2003, the wages paid during the calendar quarters below would be used to compute your benefit entitlement.

July 1, 2003 thru September 30, 2003 April 1, 2003 thru June 30, 2003 January 1 2003 thru March 31, 2003 October 1, 2002 thru December 31, 2002 July 1, 2002 thru September 30, 2002

You may be asked to provide quarterly wages if they were not reported by your employer(s). You should have the information available before filing your claim.

NOTE: The law provides penalties of a fine – which may include repayment or cancellation of benefits and up to quadruple damages, and/or imprisonment, and/or community service for providing false information to secure benefits.